

**UNINCORPORATED NONPROFIT ASSOCIATION
APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

To the Secretary of State of the State of Idaho:

Assoc. # _____

1. The name of the nonprofit association is:

2. The principal address of the nonprofit association is:

3. The name and street address of the agent authorized to receive service of process for the association are:

Signature of agent: _____

Dated _____

Signature of a manager of the nonprofit association:

Mail to:

Idaho Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Secretary of State use only

FILE ONE COPY

NO FEE REQUIRED